



ARTHROCARE CORPORATION

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Customer No. 21394

Atty. Docket No. S-9"Express Mail" Label No. EK628671815USDate of Deposit September 27, 2000

**BOX PATENT APPLICATION**  
**ASSISTANT COMMISSIONER FOR PATENTS**  
**Washington, D. C. 20231**

I hereby certify that this is being deposited with the  
United States Postal Service "Express Mail Post Office  
to Addressee" service under 37 CFR 1.10 on the date  
indicated above and is addressed to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231

By: 

Sir:

Transmitted herewith for filing is the ☐ patent application,  
☐ design patent application, ☒ continuation-in-part patent application of

Inventor(s): **LEWIS SHARPS, DAVID C. HOVDA, JEAN WOLOSZKO, HIRA V. THAPLIYAL and  
PHILIP E. EGGERS**

For: **METHODS FOR REPAIRING DAMAGED INTERVERTEBRAL DISCS**

[X] This application claims priority from each of the following Application Nos./filing dates:  
60/224,107 / August 9, 2000 ; PCT/US00/13706 / May 17, 2000 ; 09,316,472 / May 21, 1999 ;  
09/295,687 / April 21, 1999; 09/054,323 / April 2, 1998; 09/268,616 / March 15, 1999;  
08/990,374 / December 15, 1997; 08/485,219 / June 7, 1995; 09/026,851 / February 20, 1998; 08/690,159 / July 18, 1996.

Enclosed are:

- [X] 49 sheet(s) of ☐ formal ☒ informal drawing(s).  
[X] An assignment of the invention to ArthroCare Corporation  
[X] A ☒ signed ☐ unsigned Declaration & Power of Attorney.  
☐ A ☐ signed ☐ unsigned Declaration.  
☐ A Power of Attorney by Assignee.  
[X] A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27 ☒ is enclosed ☐ was filed  
in the earliest of the above-identified patent application(s).  
☐ Information Disclosure Statement under 37 CFR 1.97.  
☐ A petition to extend time to respond in the parent application of this continuation-in-part application.  
[X] The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)
FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	57 -20=	* 37
INDEP CLAIMS	3 -3=	* 0
[ ] MULTIPLE DEPENDENT CLAIM PRESENTED		

## SMALL ENTITY

RATE	FEE
	\$345
X9=	\$333
X39=	\$
+ 130=	\$
TOTAL	\$678

OR

OTHER THAN A  
SMALL ENTITY

RATE	FEE
	\$690
X18=	\$
X78=	\$
+ 260=	\$
TOTAL	\$

\* If the difference in Col. 1 is less than zero, enter "0" in Col. 2

Please charge Deposit Account No. 50-0359 as follows:

- [X] Filing fee  
[X] Any additional fees associated with this paper or  
during the pendency of this application  
☐ The issue fee set in 37 CFR 1.18 at or before mailing of the Notice  
of Allowance, pursuant to 37 CFR 1.311(b).

\$ 678.00

☐ A check for \$\_\_\_\_\_ is enclosed.  
1 extra copy of this sheet is enclosed.

Respectfully submitted,  
ARTHROCARE CORPORATION

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John T. Raffle  
Reg. No.: 38,585

